Month of:	**"Exhibit D"** **Direct Service Provider** **Monthly Invoice**

Company Name:
Street, City, ST, Zip
Phone, Fax
Contact:
Email:

Bill to: Kristina Twitty
Life Resources of Georgia
PO Box 6375
Macon, GA 31208
678-622-5947
ktwitty@liferesourcesga.com

Comments: (Page numbers, notes, etc.)

Date	Description	Balance	Amount
		Amount Due:	

Remittance	
Statement #	Statement #
Date	Date
Amount Due	Amount Due